Follow-up data are reported on 89 sexual offenders treated at the Regional Treatment Centre (Ontario) and 89 untreated sexual offenders matched for pretreatment risk. The average time at risk was 9.9 years. It was found that the treated group had a sexual recidivism rate of 23.6%, whereas the untreated group had a sexual recidivism rate of 51.7% (p < .0001). The groups also differed significantly on nonsexual recidivism. Data on a new analytic technique, the Criminal Career Profile, are also reported. Results are discussed with reference to the recent outcome study of Quinsey, Khanna, and Malcolm.

Recidivism Among Treated Sexual Offenders and Matched Controls

Data From the Regional Treatment Centre (Ontario)

JAN LOOMAN
JEFFREY ABRACEN
TERRY P. NICHOLAICHUK
Correctional Service of Canada

There appears to be little consensus in the literature as to whether treatment specifically geared toward sexual offenders is effective. Some authors have argued that treatment is effective (e.g., Hall, 1995; Marshall, Jones, Ward, Johnston, & Barbaree, 1991; Marshall & Pithers, 1994), whereas others have adopted the opposite position, claiming that there is no clear evidence of treatment efficacy (e.g., Furby, Weinrott, & Blackshaw, 1989; Quinsey, Harris, Rice, & Lalumiere, 1993). What all of the reviews cited above have in common are legitimate concerns regarding the methodological shortcomings of the existing literature.

One of the main concerns relates to the lack of adequate comparison groups in much of the research. Some have argued that for ethical reasons it is difficult to deny sexual offenders treatment (Marshall & Pithers, 1994), whereas others have argued that psychologists have an ethical obligation to

Authors' Note: The research reported in this article was supported by Correctional Service of Canada. Correspondence concerning this article should be addressed to Jan Looman, Department of Psychology, Regional Treatment Centre (Ontario), 555 King Street West, P.O. Box 22, Kingston, Ontario, Canada K7L-4V7; phone: 613-545-8740.

JOURNAL OF INTERPERSONAL VIOLENCE, Vol. 15 No. 3, March 2000 279-290
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reduce the ambiguity regarding outcomes for sexual offender treatment and that this may well include the use of nontreatment comparison participants (Quinsey et al., 1993).

Marshall et al. (1991) argued that a reasonable alternative to a controlled group study, in most circumstances, is to compare treatment outcome against an estimate of the likely untreated offense rate. These authors criticized Furby et al. (1989) for not distinguishing among different types of treatment. They argue that given that some forms of treatment may be more or less effective than others, it is important to distinguish between various approaches to therapy. Based on their review of the research, Marshall et al. concluded that cognitive and/or behavioral approaches to treatment are effective with sexual offenders but that success tended to be greater for child molesters than rapists.

Quinsey et al. (1993) have criticized Marshall et al. (1991) regarding the strength of the conclusions that can be drawn from studies that do not employ control groups. Quinsey et al. (1993) note that a significant limitation of the method employed by Marshall et al. is that due to numerous variations in sexual offender legislation and police and/or prosecutor behavior, recidivism rates are only useful if groups are explicitly sampled from the same jurisdiction or cohort. Furthermore, groups should be matched for level of risk. They conclude that using an estimated rate of recidivism gleaned from the literature is therefore no solution to the problem.

Meta-analytic procedures have recently been used in attempts to answer questions regarding treatment efficacy. Such procedures combine the results of several studies to determine if treatment is effective. This procedure is more powerful than examining the results of individual studies. Hall (1995) performed a meta-analysis on 12 studies (N = 1,313) that were published since the Furby et al. (1989) review and that included some form of comparison group. A small but significant overall effect size was found for treatment versus comparison conditions (r = .12). The overall recidivism rate for treated offenders was .19 versus .27 for untreated sexual offenders. Cognitive-behavioral and hormonal treatments were found to be particularly effective. It should be noted, however, that Quinsey, Harris, Rice, and Cormier (1998) point out that although there was an overall effect size in favor of treatment, the effect size approximated zero for those programs that used randomization or matching designs. In addition, there were confounds in terms of the control groups that were employed. Specifically, whereas the behavioral programs did not use treatment refusers or dropouts as comparison groups, the hormonal and some of the cognitive-behavioral programs did (Quinsey et al., 1998).

Marques, Day, Nelson, and West (1994) have reported one of the most rigorous outcome studies published to date. These authors randomly assigned sexual offenders who volunteered for treatment to either treatment or nontreatment (control) conditions. The authors also included a third comparison group consisting of nonvolunteers. Initial results of this longitudinal follow-up study indicated some degree of benefit for treated participants. Survival analysis indicated that treated participants were at significantly lower risk to reoffend than were nonvolunteers but that the differences between treated and untreated volunteers did not reach acceptable levels of significance.

Regional Treatment Centre Outcome Studies

There have been several outcome studies published using data collected at the Regional Treatment Centre (Ontario) (RTC). Davidson (1979, 1984) reported an evaluation (based on police data) comparing treated sexual offenders with a matched sample of untreated sexual offenders who had been released prior to the commencement of the sexual offender program. Results indicated that individuals in the treated group were more likely to be arrested but less likely to be convicted of a new sexual offense.

Quinsey, Khanna, and Malcolm (1998) reported the most recent evaluation of clients treated at the RTC. These authors followed 213 men who completed the treatment program and 183 men assessed as not needing treatment, 52 who refused to be assessed, 27 who were assessed but judged to be unsuitable, and 9 who were considered to require treatment but who did not receive it. All participants were assessed and/or treated between 1976 and 1989 and were released prior to 1992. Of the treated sample, 35% were convicted of either a new sexual or violent offense, whereas 25% were convicted of a new sexual offense. The corresponding percentage for the participants assessed as not requiring treatment was 6%.

Due to the differing levels of risk on assessment, the treated and untreated groups could not be compared directly. However, Quinsey et al. (1998) attempted to control for the differences in risk by means of a regression analysis. They developed an equation that included childhood and adolescent predictors, preadmission adult predictors, and assessment data that accounted for about 15% of the risk to reoffend. When the groups were compared with risk controlled in this manner, the treated group still reoffended sexually at a significantly higher rate than the untreated group. The data were interpreted by the authors as indicating that treatment had a negative impact on sexual recidivism.

The conclusion that treatment had a negative impact on recidivism is rather strong given that the statistical procedure Quinsey et al. (1998) used to control for pretreatment levels of risk is not the same as using a matched comparison group, as the authors imply. The regression procedure only accounts for variables used in the equation, and thus the groups will differ on many other unknown dimensions.

The Criminal Career Profile

Nicholaichuk, Gordon, Andre, Gu, and Wong (1998) have suggested the use of the criminal career profile (CCP) in recidivism research with sexual offenders. The CCP was first described by Wong, Templeman, Gu, Andre, and Leis (1996) and is a graphic representation of the time (in years) that an offender has spent incarcerated plotted against time spent in the community. The steeper the slope of the CCP, the longer is the time the offender has spent incarcerated versus being in the community; thus, the more serious an offender's criminal career, the steeper is the slope of the CCP. Wong et al. (1996) report that the CCP was very highly correlated with Psychopathy Checklist-Revised (PCL-R) scores and was more highly correlated with number of past violent convictions than PCL-R scores.

There are a number of important benefits to the use of the CCP. First, it is easy to obtain the necessary information as the data are based on official documentation related to convictions. As Quinsey et al. (1993) note, such data are less subject to bias than any other available outcome measure. Second, the CCP allows for participants to be compared with reference to the severity of their offenses. Presumably, the more serious the offense, the longer will be the sentence that the offender receives and the steeper will be the slope of the corresponding CCP.

Nicholaichuk et al. (1998) compared 296 treated and 283 untreated sexual offenders for an average of 6 years following their release from prison. The comparison group was drawn from a sample of 2,600 sexual offenders incarcerated in the Prairie region of Correctional Service of Canada (CSC) from 1983 to 1996. An untreated match was created for each treated offender on three dimensions: age at index offense, date of index offense, and prior criminal history. Time series comparisons of treated and comparison samples showed that the treated men survived at significantly higher rates after 6 years. The CCP data indicated that both the severity and the number of new sexual and nonsexual offenses were reduced as a result of treatment. The sole exceptions to this were incest offenders for whom the pre- and posttreatment slopes did not differ significantly from one another. The authors attributed

the lack of significance with reference to this group of offenders as relating to the fact that this group presented a very low risk of recidivism even prior to treatment.

This study aims to replicate the findings of Nicholaichuk et al. (1998) on a sample of offenders treated at the RTC in the Ontario region of CSC. The RTC is a residential psychiatric treatment facility located on the grounds of a maximum security Canadian federal penitentiary. The RTC sexual offender program is the oldest continuously run sexual offender treatment program offered by CSC. Although the program has undergone a number of significant changes in terms of the type of treatment that has been offered, the early version of the program could be described as primarily behavioral in orientation. Prior to 1989 when relapse prevention was formally added to the treatment manual, the program consisted of sexual education and training designed to increase heterosocial skills, assertiveness, and anger management. Deviant arousal was addressed by aversion therapy, covert sensitization, and biofeedback procedures.

Among the more common therapeutic techniques used were confrontation, role playing, and supportive psychotherapy. Specific treatment techniques geared toward empathy enhancement were added in 1986. Although the length of the program has changed over time (each treatment program now lasts approximately 6 months), earlier versions of the program lasted 3 to 4 months. Treatment personnel consisted of both psychologists and nursing staff. Treatment was delivered in both group and individual therapy formats or a combination of the two. The program was only offered to sexual offenders or offenders whose crimes included a sexual component. The target groups for the program were those offenders who were identified as being high risk to reoffend, presented with high-treatment needs, or both. For a number of institutional reasons, offenders who presented a more moderate risk to reoffend or moderate treatment needs have been accepted into treatment as well.

The same procedure as that employed by Nicholaichuk et al. (1998) was used in this investigation. Treatment participants were matched with a sample of untreated sexual offenders from the Prairie region. It was predicted that treated participants would evidence lower rates of both sexual and nonsexual criminal behavior. Furthermore, it was predicted that the slope of the CCP for sexual offenders would be less steep posttreatment (indicating that they will have spent more time in the community relative to being incarcerated) as compared to pretreatment. It was also predicted that the relative slope of the CCP for comparison participants would remain unchanged over time.

METHOD

Participants

The treated group for this study is a subset of the treated sample used by Quinsey et al. (1998). This group consisted of sexual offenders assessed as presenting a high risk of recidivism, significant treatment needs, or both. As reported in Quinsey et al. (1998), all inmates who were referred to the RTC sexual offender program for assessment or treatment between 1976 and 1989 and who were released before 1992 were eligible to be included in the study. The follow-up period for this study ended on November 26, 1996. It should be noted that this represents a follow-up period of approximately 4 more years than that included in the Quinsey et al. (1998) study.

Coding for treatment status for the sample used by Quinsey et al. (1998) was redone for this study. Recoding of the classification resulted in 152 men being coded as receiving treatment in the RTC sexual offender program. This is a reduction from the 213 men identified as treated in the Quinsey et al. (1998) study. In recoding, it was discovered that 27 of the men included in the Quinsey et al. (1998) study were treated by the RTC sexual offender program staff, but this treatment was delivered outside of the residential program setting. These men were not included in this study. For 36 additional men, we were unable to determine, based on a review of the files, what manner of treatment (e.g., group, individual, outpatient) the person received; thus, they were excluded from the analysis. A further 12 did not receive treatment within the period of the study, and 9 more received treatment in another institution. A research assistant examined sexual offender treatment file information regarding each participant on the original list of participants coded by Quinsey et al. (1998). Independent coding of every 15th participant was conducted by another staff member at RTC. Of the 33 cases examined by both raters, agreement was obtained for 29 (88% accuracy). For the four cases in which the two independent raters did not reach an identical conclusion, agreement was reached with the aid of the first author of this study.

As discussed above, a comparison archive was created by choosing untreated sexual offenders from an archive of more than 3,000 offenders in the Prairie region of CSC ($n = 89$). An attempt was made to provide an exact match for each treated offender on three dimensions: age at index offense (within 1 year), date of index offense (within the same calendar year), and prior criminal history (number of criminal convictions plus or minus two). For the treated group, the index offense referred to the offense for which the

offender was referred to treatment. For the comparison sample, the sexual offense identified through the matching process (i.e., the sexual offense that occurred in the match year) was taken as the analog of the index offense for men in the treated group. Due to the serious nature of the treated group's offending history, it was not possible to obtain a match for 63 participants in the treatment group. Therefore, data reported here refer only to the matched participants.

Procedure

Treatment and comparison groups were compared with reference to sexual offense category. Participants were coded, based on sexual offending histories, as rapists (victims 16 years of age or older), pedophiles (victims 12 years of age or younger), hebephiles (victims aged 13 to 15 years), or incest offenders. Official documentation with reference to each offender in the comparison group and available on the offender management system (OMS), a computer-based system containing official documentation regarding individuals who have come to the attention of CSC, was accessed. This documentation contains a detailed description of an individual's offense history, including information such as the age and gender of victims. Unfortunately, as OMS is a relatively new system, electronically encoded descriptions were not available to classify all participants as to type of sexual offense. However, offender categories were established for 46 of the 89 men in the comparison sample.

For the treatment group, sexual offender program files were searched for the offense information. Information was available for 88 of the 89 men in the treated group. Of those offenders for whom offense-specific information could be located, 69.3% of the treated participants were classified as rapists. The corresponding percentages for incest, pedophilia, and hebephilia were 12.5%, 5.7%, and 12.5%, respectively. With reference to the comparison sample, 54.3% were classified as rapists. The corresponding percentages for incest, pedophilia, and hebephilia were 6.5%, 28.3%, and 8.7%, respectively. Only the number of child molesters differed significantly between groups.

Information regarding recidivism for both the treated and untreated groups was gleaned from official police documentation. Royal Canadian Mounted Police Finger Print Service records were obtained for all men in the sample as of November 26, 1996. Outcomes were coded based on whether there were new sexual offenses or nonsexual offenses. All offenses were coded based on Canadian Criminal Code classifications.

TABLE 1: Demographic Statistics

	Treated (n = 89)		*Untreated* (n = 89)		
	M	SD	M	SD	t
Age at first conviction	20.9	6.7	20.7	5.8	0.17
Age at index offense	27.7	7.6	28.1	7.6	–0.43
Pretreatment nonsexual offense	6.3	6.9	7.3	7.8	–0.92
Pretreatment sexual offense	1.81	1.3	1.31	0.5	3.29**
Repeat sexual offender (%)	51.7		29.2		$\chi^2 = 9.33$**
Follow-up period (in years)	10.3	3.7	9.7	4.4	0.99

**$p < .001$.

RESULTS

Matching Variables

As noted, men were matched on the basis of a number of historical variables related to criminal history. The results of the match are shown in Table 1. There are no significant differences on any of the pretreatment variables with the exception of pretreatment number of sexual offenses. The difference here is such that the treated group had more offenses (1.8 vs. 1.3); thus, the treated group may be considered to be at slightly higher risk for sexual recidivism than the matched sample.

Outcome

At follow-up, the untreated group had more postrelease sexual offenses, $\chi^2 = 14.7$ ($df = 1$), $p < .0001$. Of the treated group, 23.6% were convicted for new sexual offenses, whereas 51.7% of the untreated group reoffended sexually. Effect size was calculated for postrelease sexual offenses; a moderate effect size was observed ($d = .48$). Similarly, for nonsexual reoffenders, the treated group had a lower recidivism rate, although the difference only approached significance. Of the treated group, 61.8% reoffended nonsexually compared to 74.2% of the untreated group, $\chi^2 = 3.12$ ($df = 1$), $p < .07$. For the purpose of this analysis, all offenses not classified as sexual according to the Criminal Code of Canada were grouped together under the heading of nonsexual offenses.

Analyses were also conducted separately on outcome for men who had previous sexual convictions (46 of the treated men, 26 of the untreated men)

and for those who had no previous sexual convictions (43 of the treated and 63 of the untreated). Of those with no sexual offense history, 20.9% of the treated men sexually reoffended compared to 42.9% of the untreated men, $\chi^2 = 25.51(1)$, $p < .02$. Once again, a moderate effect size of $d = .51$ was observed. For the men with previous sexual offenses, 26.1% of the treated group sexually reoffended compared to 73.1% of the untreated men, $\chi^2 = 214.9(1)$, $p < .0001$, with an obsverved effect size of $d = .59$.

CCP Changes

At pretreatment, the CCP angle for the treated group was 33.8°, whereas that of the untreated group was 29.8°, $t(176) = .91$, *ns*. At posttreatment, the CCP for the treated group was 5.7°, whereas that of the untreated group was 11.8°, $t(176) = -2.83$, $p < .005$. For both groups, the differences between pre- and posttreatment were significant: treated group, $t(88) = 8.36$, $p < .000$, and untreated group, $t(88) = 4.89$, $p < .000$. The reader is reminded that the steeper the CCP angle, the more time the offender has spent incarcerated relative to in the community.

Posttreatment Variables

The treated and untreated groups were compared on variables related to posttreatment outcomes (see Table 2). Although when examining outcome in terms of percentage of participants who reoffended, the difference between treated and untreated participants only approached significance for nonsexual recidivism. The untreated group had more conviction dates for nonsexual and sexual offenses as well as more actual convictions for both nonsexual and sexual offenses.

DISCUSSION

Quinsey et al. (1998) have recently argued (see also Marshall, 1998, for a discussion on Quinsey's perspective) that treatment with sexual offenders is largely ineffective. As evidence for this assertion, they list data from the RTC. Unfortunately, as noted above, there are some serious shortcomings with the study reported by Quinsey et al. (1998). This investigation represents an attempt to improve on this methodology. The use of matched controls is more desirable than the attempt by Quinsey et al. (1998) to statistically equate groups that were inherently different in terms of pretreatment risk (untreated

TABLE 2: Posttreatment Comparisons

	Treated		*Untreated*		
	M	SD	M	SD	t
Posttreatment nonsexual events	2.0	2.6	3.6	4.4**	–2.88
Posttreatment nonsexual offenses	2.70	3.73	5.30	7.0*	–3.09
Sexual events	0.4	0.9	0.8	1.0**	–3.37
Posttreatment sexual offense	0.41	1.20	1.03	1.40*	–3.30

*$p < .01$. **$p < .001$.

participants were at much lower risk for recidivism than treated participants). Furthermore, the use of the CCP is a method that allows for the quantification of the severity of the offense as well as the more traditional indicators of recidivism, such as number and type of offenses. Regardless of the dependent measure selected, however, this investigation clearly indicates that the RTC program was effective in terms of reducing the risk of future recidivism. This applied to both sexual and nonsexual crimes, although the difference only approached significance for nonsexual recidivism. Furthermore, the data indicate that treatment was most effective for the highest risk offenders (i.e., those who were recidivist sexual offenders prior to entering treatment; see Hanson & Bussière, 1998, for a discussion of risk and number of previous sexual offenses). These are exactly the participants one would wish to treat effectively, as their elevated risk represents a significant threat to society.

The importance of using matched controls in this study is demonstrated by the fact that both groups of participants demonstrated improvement. However, the results indicated that the nature of such change was much more significant among the treated participants. It should be emphasized that these differences were observed in spite of the fact that the treated group was at higher risk for sexual recidivism than the matched comparison group at pretreatment.

A possible criticism that may be raised regarding this investigation relates to the fact that the treatment and comparison groups were selected from different regions of CSC. This raises a potential problem in that there is variation in the type of offenders found in the different regions. Of particular concern is the fact that the Prairie region of CSC (where the comparison group was obtained) has a much larger proportion of aboriginal offenders than the Ontario region (38.3% vs. 4.9%, Solicitor General of Canada, 1997). However, Nicholaichuk (1996) has found that aboriginal offenders do not recidivate at a different rate than other participants. This finding suggests that the

recidivism rates observed in this investigation are not the result of different types of offenders comprising the two samples.

With reference to the CCP data, it is interesting to note that at pretreatment, the treated and untreated groups were relatively similar in terms of the proportion of time spent incarcerated relative to in the community (although the treated group had a nonsignificantly steeper slope, indicating that they had spent slightly more time incarcerated than untreated participants). However, at follow-up, the treated participants had a significantly flatter slope relative to untreated participants. The treated participants were less likely to be convicted for either sexual or nonsexual offenses (as indicated in the more conventional analyses), and those who were reconvicted spent significantly less time incarcerated than did the untreated participants at follow-up. These data suggest not only that treatment resulted in fewer incarcerations but also that when the treated participants were convicted, they tended to get shorter sentences than the untreated group. If shorter sentences reflect less severe offenses, than treatment had an impact not only on the number of offenses but also on the severity of these offenses. The data concerning the actual number of offenses (as opposed to simple percentages of participants who committed new offenses) also indicate that treatment was effective in reducing the number of new offenses when offenders do reoffend.

In summary, it seems odd that sexual offenders are treated as somehow fundamentally different than other groups of offenders in terms of the impact of cognitive-behavioral treatment. Andrews and Bonta (1994) have demonstrated that cognitive-behavioral treatment specifically geared to the risk and/or need principle is effective with other groups of offenders. Given this scenario, the outcome of this study, and the results of Hall's (1995) recent meta-analysis, it seems that a certain degree of guarded optimism is warranted.

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Jan Looman obtained his master's degree in clinical psychology in 1993 and is currently working to complete his Ph.D. at Queen's University. He has been employed in the Sexual Offender Treatment Programme at the Regional Treatment Centre in Kingston, Ontario, since October of 1994 and has been the program director since the fall of 1996. His research interests include the assessment and treatment of sexual offenders and psychopathology.

Jeffrey Abracen graduated with his Ph.D. in counseling psychology from McGill University in 1995. He has been working as a full-time psychologist at the Regional Treatment Centre (Ontario) in the sexual offender treatment program since September of 1995. His research interests include sexual offender assessment and treatment.

Terry P. Nicholaichuk was program director of the Clearwater sexual offender treatment unit in the Regional Psychiatric Centre, Prairies, Correctional Service of Canada (CSC), and also served as the national manager of the sexual offender programs for CSC. He has been an adjunct professor in the psychology department at the University of Saskatchewan. He is currently the regional psychologist for the Prairie region and the regional administrator for sexual offender programs.